HEALTH AND SENIOR SERVICES

DIVISION OF HEALTH CARE QUALITY AND OVERSIGHT

Manual of Standards for the Licensure of Rehabilitation Hospitals

Proposed Readoption: **N.J.A.C. 8:43H**

Authorized By:	Clifton R. Lacy, M.D., Commissioner, Department of Health and Senior Services (with the approval of the Health Care Administration Board).
Authority:	N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5
Calendar Reference:	See Summary below for explanation of exception to calendar requirement
Proposal Number:	PRN 2004-413

Submit written comments by December 31, 2004 to:

John A. Calabria, Director
Certificate of Need and Acute Care Licensure Program
New Jersey Department of Health and Senior Services
P.O. Box 360
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The agency proposal follows:

Summary

The Department of Health and Senior Services (the Department) proposes the readoption without amendments of the Manual of Standards for Licensure of Rehabilitation Hospitals, N.J.A.C. 8:43H. These licensure standards became effective in August 1989 and were readopted without change on June 17, 1994 for a period of five years. Following the expiration of these rules in June 1999, the Department proposed new rules for the Manual of Standards for Licensure of Rehabilitation Hospitals that contained a requirement for influenza and pneumococcal immunizations in adults, aged 65 and older. These additions more accurately reflected and responded to the emerging health care needs of that time, the product of a joint effort between the Department and the Rehabilitation Hospital Licensing Standards Advisory Committee. Each of the State's licensed rehabilitation hospitals, the New Jersey Association of Health Care Facilities, the New Jersey Association of Non-Profit Homes for the Aging, and the New Jersey Hospital Association provided a representative member on this committee. The new rules became effective on November 15, 1999 and are scheduled to expire, pursuant to N.J.S.A. 52:14B-5.1c, and N.J.A.C. 1:30-6.4(a), as well as Executive Order No. 66 (1978), on November 15, 2004. In accordance with N.J.S.A. 52:14B-5.1c, the filing of this notice of proposal with the Office of Administrative Law prior to November 15, 2004, operates to extend the expiration date of N.J.A.C. 8:43H to May 14, 2005. The Department has reviewed N.J.A.C. 8:43H and has determined that the rules remain necessary, adequate, reasonable, efficient, understandable and responsive to the purposes for which they were promulgated. Establishing these minimum requirements resulted in a high level of quality care for patients in rehabilitation hospitals. The readoption of these rules will serve that end.

The rules proposed for readoption contain 24 subchapters. Subchapter 1 contains the scope and purpose of the rules (N.J.A.C. 8:43H-1.1 and 1.2) and definitions that are contained throughout the text of the chapter (N.J.A.C. 8:43H-1.3). These terms include: "Adult patient" (which also states that a pediatric hospital may treat an adult patient provided required documentation confirms the patient or legal guardian has been informed of the availability of an adult facility); "conspicuously posted"; "discharge plan"; "drug administration"; "environmental assessment services"; "interdisciplinary care plan"; "interdisciplinary team"; "licensed practical nurse"; "pediatric patient" (which also states that a patient who is between 16 and 18 years of age may be admitted to an

adult facility when the required documentation is provided indicating legal consent and acknowledgement of the availability of a pediatric facility); "progress note"; "rehabilitation hospital"; "restraint"; "signature" and "supervision." This subchapter also includes the qualifications for the operations manager accountable for rehabilitation services (N.J.A.C. 8:43H-1.4); audiologists (N.J.A.C. 8:43H-1.5); case managers (N.J.A.C. 8:43H-1.6); dentists (N.J.A.C. 8:43H-1.7); dieticians (N.J.A.C. 8:43H-1.8); the nurse accountable for rehabilitation nursing services (N.J.A.C. 8:43H-1.9); food service supervisors (N.J.A.C. 8:43H-1.10); licensed practical nurses (N.J.A.C. 8:43H-1.11); medical director (N.J.A.C. 8:43H-1.12); medical record practitioners (N.J.A.C. 8:43H-1.13); occupational therapists (N.J.A.C. 8:43H-1.14); pediatricians (N.J.A.C. 8:43H-1.15); pharmacists (N.J.A.C. 8:43H-1.16); physiatrists (N.J.A.C. 8:43H-1.17); physical therapists (N.J.A.C. 8:43H-1.18); physicians (N.J.A.C. 8:43H-1.19); psychologists (N.J.A.C. 8:43H-1.20); the individual overseeing therapeutic rehabilitation (N.J.A.C. 8:43H-1.21); registered professional nurses (N.J.A.C. 8:43H-1.22); respiratory therapists (N.J.A.C. 8:43H-1.23); social workers (N.J.A.C. 8:43H-1.24) and speech-language pathologists(N.J.A.C. 8:43H-1.25).

Subchapter 2 describes the rehabilitation hospital licensure process. N.J.A.C. 8:43H-2.1 establishes the requirements for the certificate of need process to initiate or expand comprehensive rehabilitation services. In addition, it sets forth the Department's enforcement of conditional certificate of need approval and ability to impose sanctions should the facility fail to comply with these conditions. N.J.A.C. 8:43H-2.2 through 2.4 establish a voluntary suitability review process to assist potential new comprehensive rehabilitation providers to seek guidance and consultation from the Department concerning the proper implementation of the licensure requirements and/or a preliminary determination of whether a proposed facility or service complies with the applicable licensure rules. N.J.A.C. 8:43H-2.5 outlines the procedures for obtaining a license, including the application filing and inspection fees; the in- and out-of-State licensure track record requirements; the facility survey and issuance of a license; and the transfer of ownership procedure. In addition, an annual licensure maintenance requirement at N.J.A.C. 8:43H-2.6 and is established for adult and pediatric rehabilitation hospitals or units. Each hospital or unit will now be required to annually provide 75 percent of their patient days in the following diagnostic categories: strokes; spinal cord injury; congenital deformity; amputation; major multiple trauma; fractures; brain injury; burns; polyarthritis including Rheumatoid arthritis; and neurological disorders, including Multiple

Sclerosis, motor neuron disease, polyneuropathy, Muscular Dystrophy; and Parkinson's disease. To qualify for licensure as this type of facility, the following staffing requirements at must be met: all staff have demonstrated competencies in rehabilitation; a unit has a registered professional nurse assigned solely at all times and during each twenty-four hour period; at least 50 percent of all other licensed and unlicensed nursing personnel shall be individuals who are assigned solely to the rehabilitation service and who do not float from non-rehabilitation units or agencies. Subchapter 2 also includes policies regarding the surrendering of a license for a rehabilitation hospital (N.J.A.C. 8:43H-2.7). It would require a plan for closure to be submitted to the Department 30 days prior to closure, with provisions for the orderly transfer of patients to another rehabilitation hospital of their choice. N.J.A.C. 8:43H-2.8 establishes a process by which potential licensees may request waivers to the licensure requirements. N.J.A.C. 8:43H-2.9 explains the process and procedures to be used for the imposition of penalties and describes the rights to a hearing to contest such penalty action, in accordance with N.J.A.C. 8:43E-3 and 4. N.J.A.C. 8:43H-2.10 contains criteria regarding the advertisement of a comprehensive rehabilitation hospital/unit, specifying that only facilities licensed as comprehensive rehabilitation hospitals or units may describe or offer themselves to the public as providing comprehensive rehabilitation services. Facilities violating this regulation will be subject to penalties in accordance with N.J.S.A. 26:2H-14.

Subchapter 3 contains general requirements that include the services to be provided by a rehabilitation hospital. Under N.J.A.C. 8:43H-3.1, preventive, diagnostic, therapeutic and rehabilitative services must be provided to patients as needed. In additional, services that are to be contained in a patient's interdisciplinary plan such as audiology, dental, dietary, physiatry, speech pathology, etc. are set forth herein. If health care services beyond that of comprehensive rehabilitation are being provided, adherence to the rules for licensure of the other services is also required as is compliance with applicable Federal, State and local laws, rules, regulations and requirements. Full disclosure of a rehabilitation hospital's ownership is required at N.J.A.C. 8:43H-3.2. For example, ownership by any person convicted of a crime relating adversely to the person's capability of owning or operating a facility is prohibited. N.J.A.C. 8:43H-3.3 requires rehabilitation hospitals, upon request, to submit any documents that are required by the chapter to the Department. Personnel policy requirements are contained in N.J.A.C. 8:43H-3.4, including: the need for written job descriptions; licensure, certification or authorization for patient care personnel, as required under laws and rules of the State of

New Jersey; written staffing schedules; development and implementation of staff orientation and education plans; and at least one person trained in cardiopulmonary resuscitation in all patient areas when patients are present. N.J.A.C. 8:43H-3.5 requires a written policies and procedures manual for the operation of the facility to be developed, implemented and reviewed at regular intervals and made available to Department representatives, patients, staff and the public at all times. The policies and procedures must include: the philosophy, objectives, and services of the program; an organizational chart; a description of the quality improvement program for patient care and staff performance; specification of business hours and visiting hours; policies for diagnosed and/or suspected cases of child abuse; policies for the maintenance of confidential employee records; policies for health requirements for new and established employees and for persons providing direct patient care services through contractual arrangements that include Mantoux tuberculin skin testing; Rubella screening tests and vaccinations; and Rubeola (Measles) screening tests. Rehabilitation hospitals are also required to comply with the guidelines established by the Centers for Disease Control and the Occupational Safety and Health Administration, referenced in the rule to protect health care workers from exposure to infectious blood-borne diseases, such as HIV and Hepatitis B. N.J.A.C. 8:43H-3.6 requires rehabilitation hospitals to develop and implement methods of patient transportation for services provided outside the facility, including emergency services and plans for the security and accountability for patients and their possessions. N.J.A.C. 8:43H-3.7 requires written agreements for services that are provided by contract or subcontract and specifies minimum contents of these written agreements. N.J.A.C. 8:43H-3.8 requires rehabilitation hospitals to notify the Department immediately by telephone of any event that jeopardizes the health and safety of patients and employees. Patient and employee confidentiality is to be preserved and a follow-up written report is to be submitted to the Department within seven calendar days, unless determined to be unnecessary by the Department. N.J.A.C. 8:43H-3.9 requires the facility to conspicuously post a notice that information is available in the facility during normal business hours regarding: waivers granted by the Department; all documents required by this chapter; list of licensure survey deficiencies or deficiencies from any valid complaint investigation during the part 12 months; a list of the rehabilitation hospital's committees and their membership; and policies and procedures regarding patient rights. The facility must maintain for public review in the administrator's office information regarding the membership of the governing authority and changes to the membership within 30 days after the change. The

rehabilitation hospital's reporting responsibility to the Medical Practitioner Review Panel, the New Jersey State Board of Medical Examiners and appropriate professional licensing boards are detailed at N.J.A.C. 8:43H-3.10 and 3.11, respectively. Similarly, the rehabilitation hospital's financial reporting responsibilities are set forth at N.J.A.C. 8:43H-3.12.

Subchapter 4 requires rehabilitation hospitals to have a governing authority that is responsible for the operation, management and financial viability of the facility. The responsibilities include: services provided and the quality of care rendered to patients; provision of a safe physical plant equipped and staffed to maintain the facilities and services; the appointment, reappointment, assignment and curtailment of privileges of health care professionals, and written confirmation of such actions; establishment of the qualifications of members, committee members, and officers of the governing authority and their respective terms of office; and the approval of medical staff bylaws or their equivalent.

Subchapter 5 relates to the governance of rehabilitation hospitals. N.J.A.C. 8:43-H-5.1 requires the governing authority to appoint an administrator, or operations manager, who is available to the facility at all times and accountable for rehabilitation services. N.J.A.C. 8:43H-5.2 sets forth the administrator's responsibilities, including the enforcement of all policies and procedures, as well as patient rights. N.J.A.C. 8:43H-5.3 requires rehabilitation hospitals to establish policies and processes for advanced directives; dispute resolution, including patient, family, and staff discussion forum and community education programs. N.J.A.C. 8:43H-5.4 sets forth the policies and procedures for advanced directives and declaration of death that are consistent with the New Jersey Advanced Directives for Health Care Act (N.J.S.A. 26:2H-53), the New Jersey Declaration of Death Act (N.J.S.A. 26:6A-1 et seq.); and the patient's religious beliefs with respect to the declaration of death. N.J.A.C. 8:43H-5.5 includes policies and procedures for the admission of a pediatric patient at least 16 years of age to an adult rehabilitation hospital. The criteria include a referral protocol to inform the closest pediatric hospital of the referral and a 48-hour time period from referral to receive all the required written documentation to determine the patient's eligibility. If the process does not result in a favorable recommendation for admission, the patient or family still retains the right to be admitted to an adult facility. However, adult rehabilitation hospitals shall not admit patients who have not had their 16th birthday. N.J.A.C. 8:43H-5.6 establishes a process for the admission of an adult patient 20 years or older to a pediatric

rehabilitation hospital. It allows an adult patient be admitted to a pediatric facility if the outcome of the process is unfavorable.

Subchapter 6 sets forth the requirements for the establishment, implementation, and review of written patient care policies and procedures. This includes policies and procedures concerning the admission, transfer, readmission, and discharge of patients; staffing levels based on patient acuity, emergency care, informed consent; telephone orders; smoking; the care and control of assistive animals and pets; and the care of deceased patients. This subchapter also includes the provision that, in the event of an accident or incident that does not result in injury to the patient, notification of the patient's family is to occur within 24 hours of the occurrence, except in the case of a competent adult (N.J.A.C. 8:43H-6.1). In addition, the subchapter requires written protocols for uses of restraints, including identifying the types of restraints to be used at the facility, and the use of alternatives to restraints, such as staff or environmental interventions, structured activities, or behavioral management. This subchapter also requires that physical restraints shall be used when authorized, in writing, by a physician except if necessitated by an emergency.

Subchapter 7 establishes standards for developing interdisciplinary care plans through the use of patient assessment. N.J.A.C. 8:43H-7.1 requires an interdisciplinary care plan to be developed for each patient, under the direction of a physician, based on the treatment team's assessment of the individual. The interdisciplinary plan will be initiated upon the admission and will measure the patient's improvements on a 14-day basis to assess the readiness for discharge. N.J.A.C. 8:43H-7.2 outlines the implementation of the interdisciplinary plan and participation of its members.

Subchapter 8 establishes the licensure standards for medical services, which are to be provided to all patients 24 hours a day, seven days a week (N.J.A.C. 8:43H-8.1) under the direction of a medical director (N.J.A.C. 8:43H-8.2) and in accordance with facility by-laws and policies. The responsibilities for the medical director and physicians are set forth at N.J.A.C. 8:43H-8.3 and 8.4, respectively. N.J.A.C. 8:43H-8.4 specifically requires the physician primarily providing care to a patient directly to participate as part of the interdisciplinary care team in developing the patient's plan. N.J.A.C. 8:43H-8.5 requires a pediatrician to be available if the facility provides care to pediatric patients and N.J.A.C. 8:43H-8.6 also requires that if a medical director of a facility providing services to pediatric

patients is a pediatrician, a physiatrist shall be available, in accordance with medical bylaws and facility policy and procedures.

Subchapter 9 sets forth the standards for the provision of nursing services, which are to be available 24 hours a day, seven days a week, directly within the facility. Minimum nurse staffing requirements are established at N.J.A.C. 8:43H-9 as well as responsibilities for the development and supervision of the staff orientation and education provided to nursing personnel. Under the direction of a nursing service, rehabilitation hospitals must utilize the approved State Board of Nursing Unlicensed Assistive Personnel (UAP) curriculum in the development and implementation of a training program for unlicensed assistive personnel. N.J.A.C. 8:43H-9.2 requires the written appointment of a registered professional nurse to be responsible for the rehabilitation nursing service and to be on duty at all times. N.J.A.C. 8:43H-9.3 requires that an individual who has completed a baccalaureate degree program accredited by the National League for Nursing, and is eligible to be certified by the Association of Rehabilitation Nurses, is qualified to develop, supervise and assess staff orientation and education programs. In addition, N.J.A.C. 8:43H-9.4 defines the role of licensed nursing personnel in preparing, implementing, reassessing, and revising the interdisciplinary care plan, as well as participating as part of the interdisciplinary team. N.J.A.C 8:43H-9.5 specifies the role of nursing services as related to pharmaceutical services and contains requirements for the administration, ordering and storage of drugs.

Subchapter 10 sets forth the standards for the provision of pharmaceutical services, which are to be available 24 hours a day, seven days a week, directly within the facility. If the facility has an institutional pharmacy, the pharmacy is required to be licensed by the New Jersey State Board of Pharmacy (NJSBP), operate in accordance with NJSBP rules, and possess a current Drug Enforcement Administration registration and a Controlled Dangerous Substance registration from the Department. N.J.A.C. 8:43H-10.2 requires the appointment of a pharmacist and sets forth the pharmacist's responsibilities, including the direction, provision and quality of the pharmaceutical services and participation in the multidisciplinary team. N.J.A.C. 8:43H-10.3 requires the governing authority to appoint a multidisciplinary Pharmacy and Therapeutics Committee and list its responsibilities, including the development of policies and procedures; development, review and approval of a current formulary; and the approval of the minimum pharmaceutical reference materials to be retained at each nursing unit. N.J.A.C. 8:43H-10.4

establishes policies and procedures for drug administration, including those for the implementation of a unit dose drug distribution system and documentation of allergies, including allergy to latex, in the patient's open medical record and pharmacy profile. N.J.A.C. 8:43H-10.5 requires a pharmacist to periodically inspect all areas of the facility where drugs are dispensed, administered, or stored and to maintain records of those inspections. N.J.A.C. 8:43H-10.6 includes requirements for drugs to be stored and controlled in accordance with the New Jersey Board of Pharmacy Rules and the United States Pharmacopoeia requirements for product labeling and/or package inserts.

Subchapter 11 contains standards for food and nutritional services and requires the facility to provide dietary services to meet the daily nutritional needs of patients. N.J.A.C. 8:43H-11.2 requires the facility to appoint a dietitian whose time is dedicated to the rehabilitation program as indicated by patient need, and who will oversee food and nutrition services. N.J.A.C. 8:43H-11.3 requires the appointment of a food service supervisor who functions under the guidance of a dietician and is on duty seven days a week. N.J.A.C. 8:43H-11.4 includes the addition of a dietary screening for each patient upon admission, a description of the dietitian's role on the interdisciplinary team and in developing the interdisciplinary care plan. N.J.A.C. 8:43H-11.5 contains the minimum standards for the facility's provision of dietary services, including the scheduling of dietary personnel for a period of at least 12 hours and the provision of dietary services in accordance with N.J.A.C. 8:24. A current diet manual is required to be available in the dietary service and in each nursing unit. Menus are required to be prepared with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal food preferences of patients. Written and dated menus are to be planned at least 14 days in advance and the same menu is not to be used more than once in seven days. Current menus with portion sizes and any changes are to be posted in the food preparation area and are to be kept on file for at least 30 days. Meal preparation and serving is required to be consistent with the diet manual and consistent with physician's orders, with a minimum of three meals or their equivalent prepared and served daily to patients. Between-meal and bedtime nourishments are to be provided and beverages made available at all times unless contraindicated by a physician as documented in the medical record. In addition, no more than 14 hours are to elapse between a substantial evening meal and breakfast the next morning, although 16 hours may be permissible if the patient agrees to a nourishing bedtime snack or if a verbal offer is made to the patient of items from the four basic food

groups. Designated staff are also required to observe and document meals refused or missed by patients. A record must be maintained, monitored, and accessible for each patient that identifies the patient, diet orders, meal patterns and allergies.

Subchapter 12 requires the provision of physical therapy, occupational therapy, respiratory therapy, speech-language pathology, audiology services, and therapeutic recreation directly within the facility. N.J.A.C. 8:43H-12.1 requires that within 10 days of a patient's admission to a rehabilitation hospital/unit, the facility shall provide each adult patient at least three hours of services per day, five days per week. Services include any one or any combination of the following as determined by the interdisciplinary team in collaboration with the patient and/or family: physical therapy, occupational therapy, speech-language pathology, respiratory therapy, therapeutic recreation, and/or psychology/social work. It also requires that a facility provide each pediatric patient with rehabilitation therapy services as determined by the interdisciplinary team in collaboration with the patient and/or family. Pediatric rehabilitation therapy services may include physical therapy, occupational therapy, speech-language pathology and respiratory therapy. N.J.A.C. 8:43H-12.2 requires the facility to appoint a physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, and audiologist to be responsible for the direction, provision and quality of their respective services and contains the responsibilities for each of these individuals. N.J.A.C. 8:43H-12.3 identifies the statutory authority and responsibilities for audiologists, speech-language pathologists, physical, occupational, and respiratory therapists, as well as their involvement in an interdisciplinary team and interdisciplinary care plan with the other appropriate health care professionals.

Subchapter 13 provides minimum standards for social work and psychological services. N.J.A.C. 8:43H-13.1 requires rehabilitation hospitals to provide counseling services in the form of social work services and psychological services directly at the facility. N.J.A.C. 8:43H-13.2 requires the facility to appoint a social worker with a master's degree in social work and licensed by the State Board of Social Work and a psychologist to be responsible for the direction, provision, and quality of their respective services and contains the responsibilities for each of these individuals. N.J.A.C. 8:43H-13.3 requires each social worker or psychology staff member to be a participant in the interdisciplinary team and be involved in assessing, developing, implementing and reassessing the interdisciplinary care plan when indicated.

Subchapter 14 establishes the minimum licensing requirements for the provision of therapeutic recreation services. N.J.A.C. 8:43H-14.1 requires that the facility provide therapeutic recreation treatment services when medically necessary and ordered by a physician, as well as general recreation services to patients, including daytime, evening, individual, group and/or independent activities on at least six days of the week, directly within the facility. Both indoor and outdoor recreation is required. N.J.A.C. 8:43H-14.2 requires the facility to appoint an individual to oversee therapeutic recreational services who is responsible for the direction, provision and quality of therapeutic recreation services and contains the responsibilities for this individual. N.J.A.C. 8:43H-14.3 requires each recreational therapist to be a participant in the interdisciplinary team and be involved in assessing, developing, implementing and reassessing the interdisciplinary care plan when indicated.

Subchapter 15 establishes the minimum licensing requirements for the provision of various support services offered by rehabilitation hospitals. N.J.A.C. 8:43H-15.1 requires that the facility provide orthotic and prosthetic services, vocational testing, driver training services, dental services, laboratory, and radiological services when necessary. N.J.A.C. 8:43H-15.2 requires the facility to appoint an individual to oversee orthotic and prosthetic services who is certified or eligible for certification by the American Board for Certification in Orthotics and Prosthetics, Inc. It also requires vocational services to be provided by a rehabilitation counselor. N.J.A.C. 8:43H-15.3 requires dental services, including emergency services to relieve pain and infection; policies and procedures for patient dental care services and for staff education regarding patient dental care; dentists' documentation of all dental services in the patient's medical record at the time the service is provided. N.J.A.C. 8:43H-15.4 requires laboratory services to be provided and either licensed or approved by the Department, and radiological services to be provided and licensed by the Department and approved by the Department of Environmental Protection.

Subchapter 16 sets forth minimum requirements for emergency procedures. N.J.A.C. 8:43H-16.1 requires an emergency plan for the facility that includes plans and procedures to be followed in case of medical emergencies, equipment breakdown, fire or other disaster. Emergency procedures are to include individuals to be notified, emergency equipment locations and alarm signals, evacuation routes, procedures for evacuating patients, frequency of fire drills, and tasks and

responsibilities assigned to all staff. It also requires that the emergency plan and emergency procedures be conspicuously posted at wheelchair height throughout the facility. N.J.A.C. 8:43H-16.2 requires simulated emergency drills to be conducted and documented on each shift at least four times each year; random testing of the emergency plan that includes at least one manual pull alarm three times per quarter to promote patient safety; and annual examination and maintenance of fire extinguishes in accordance with manufacturer and National Fire Protection Association requirements.

Subchapter 17 establishes the policies and procedures for patient's rights. N.J.A.C. 8:43H-17.1 requires the operations manager to be responsible for the establishment and implementation of written policies and procedures regarding the rights of patients. These policies and procedures are to be available to patients and staff and conspicuously posted in the facility. Staff of the facility are to be trained in how to implement the policies and procedures for patient rights. The facility is required to comply with any State and Federal statutes and rules concerning patient rights. The State Office of the Ombudsman is to be notified in the event of any suspected abuse or exploitation if the patient is 60 years of age or older. N.J.A.C. 8:43H-17.2 requires the policies and procedures regarding patient rights for rehabilitation hospitals. Among these rights are treatment without discrimination from caregivers, the right to receive one's medical record information promptly, the right to refuse care, and the right to access a grievance procedure, discharge appeal process, and a transfer procedure.

Subchapter 18 contains the requirements for case management and discharge planning. N.J.A.C. 8:43H-18.1 requires that discharge planning be initiated within 24 hours of the patient's admission, to be part of the facility plan, involve family members, if applicable, and include instructions given to the patient or family for care following discharge. N.J.A.C. 8:43H-18.2 requires the establishment and implementation of written policies and procedures for discharge services, including documentation of the medical history and physical examination signed by the physician and the interdisciplinary team's role in the discharge planning process.

Subchapter 19 contains the licensure standards for medical records. N.J.A.C. 8:43H-19.1 requires a medical record to be maintained for each patient and contain documentation of all services provided to the patient. Written objectives, a procedure manual, an organizational plan,

and a quality assurance plan for medical records are required to be established and implemented. N.J.A.C. 8:43H-19.2 requires medical records to be maintained by an employee who, if not a medical record practitioner, functions in consultation with a person so qualified. N.J.A.C. 8:43H-19.3 also requires that the content of a patient's medical record contain documentation of the patient's orientation, a physician signed and dated interdisciplinary plan, progress notes and documentation of the patient's participation in his or her interdisciplinary care plan. N.J.A.C. 8:43H-19.4 requires all orders for patient care to be prescribed in writing and signed and dated by the prescriber and for all entries to be legible, signed and dated by the person entering them. N.J.A.C. 8:43H-19.5 requires the facility to establish and implement written policies and procedures, including the protection of medical record information against loss, tampering, alteration, destruction or unauthorized use and the need for patient consent for the release of medical record information. N.J.A.C. 8:43H-19.6 requires all medical records to be preserved in accordance with the State's statutory provisions set forth at N.J.S.A. 26:8-5; and at least 14-days written notice to the Department prior to the cessation of a facility's operation including the location for storage of medical records identifying the methods for their retrieval.

Subchapter 20 contains the minimum licensure standards regarding infection prevention and control services. N.J.A.C. 8:43H-20.1 requires that an infection control professional must coordinate the Infection Control Program at a rehabilitation hospital. Through the Certification Board of Infection Control, this individual must achieve certification in infection control within five years of beginning practice in infection control activities and must maintain that certification as a prerequisite for coordinating the infection control program at a rehabilitation hospital. N.J.A.C. 8:43H-20.2 includes the formulation of a system for surveillance, prevention and control of nosocomial infection, based on the most recently published Centers for Disease Control and Prevention guidelines and the Hospital Infection Control Practices Advisory Committee recommendations; a system of infection control and isolation procedures established by the Centers of Disease Control and Prevention and the Occupational Safety and Health Administration Procedures; and the establishment of hospital polices and procedures for identifying and reporting of communicable disease and HIV/AIDS in accordance with applicable state administrative laws. In addition, this section requires the inclusion of infection control practices in the orientation for new employees by specific area of service, and designates the infection control professional as the coordinator of educational programs to address specific problems. N.J.A.C. 8:43H-20.3

outlines the disinfection and sterilization techniques for patient care items or equipment; the acceptable methods for processing reusable medical devices, and single service items; and required oversight at therapeutic swimming pools.

Subchapter 21 contains the minimum licensing requirements for housekeeping, sanitation and safety. N.J.A.C. 8:43H-21.1 requires the establishment and implementation of written housekeeping services policies and procedures that must be reviewed every three years, including written cleaning schedules and education and training programs for all housekeeping employees. N.J.A.C. 8:43H-21.2 requires prior approval of cleaning agents by both housekeeping service and the infection control professionals, proper labeling of disinfectants and cleaning agents, emphasis on the correct usage of products in accordance with the manufacturer's instructions, and the maintenance of environmental surfaces. N.J.A.C. 8:43H-21.3 contains maintenance requirements for environmental surfaces and outlines a comprehensive pest control program and a comprehensive solid waste and regulated medical waste management program. Also addressed are patient safety issues to ensure a safe sanitary quality water source, and set water and ambient temperature standards to protect the well-being of all patients. N.J.A.C. 8:43H-21.4 requires minimum written policies and procedures for laundry services, establishing quality assurance methods for the laundering of linen and patient clothing, the collection and transportation of soiled linen and clothing, and the maintenance of laundry space in a clean and well-maintained manner.

Subchapter 22 establishes minimum requirements for a quality improvement program. N.J.A.C. 8:43H-22.1 requires activities for the monitoring of clinical competencies. N.J.A.C. 8:43H-22.2 requires a three-year review of physician qualifications and clinical competence; patient needs, expectations and satisfaction; results of infection control activities; safety of the care environment; and utilization management and risk management findings and actions taken. Also included is a patient care outcome assessment system based on industry-accepted indicators for the evaluation of rehabilitation care provided by each service. N.J.A.C. 8:43H-22.3 requires the governing authority to take measures to improve quality based on the results of the quality assurance program.

Subchapter 23, at N.J.A.C. 8:43H-23.1, requires the standards for the construction, alteration, or renovation of rehabilitation facilities, and requires compliance with the New Jersey Uniform Construction Code (Use

Group I-2), standards imposed by the United States Department of Human Services and with the Americans with Disabilities Act.

Subchapter 24 contains the functional service area requirements for rehabilitation facilities. N.J.A.C. 8:43H-24.1 assures that the facilities are accessible to the physically handicapped, pursuant to the Americans with Disabilities Act. Other requirements include the need for patient dining areas to be separate from a patient's room, set forth at N.J.A.C. 8:43H-24.7; a janitor's closet located within the food and nutrition service department containing a floor receptor or service sink and storage space for equipment and supplies; nutritional counseling be provided at a location that ensures a patient's privacy (at N.J.A.C. 8:43H-24.9); and a room other than the patient's room be provided for toilet transfer training.

Because a 60-day comment period has been provided on this notice of proposal, this notice is excepted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The rules proposed for readoption are intended to focus on continuing the high quality of care provided to patients in licensed comprehensive rehabilitation hospitals. The rules proposed for readoption are directed toward ensuring effective rehabilitation care and protecting the patient's health and safety.

People affected by the rules include patients who, due to disease or injury which impairs functioning, require comprehensive rehabilitation services and specialized integrated care to reach an attainable degree of independence. The rules proposed for readoption are expected to have a favorable social impact on both patients and rehabilitation hospitals. Patient care will continue to be provided through an interdisciplinary approach, with an interdisciplinary care plan that is initiated upon the patient's admission and tailored to the patient's clinical responses by the interdisciplinary team. The rehabilitation hospital will continue to provide three hours of physical therapy and other therapeutic services per patient daily to each patient beginning on admission.

The rules proposed for readoption will allow patients to continue to be discharged from acute care facilities and admitted directly to rehabilitation hospitals to continue to build tolerance for a three-hour daily schedule of physical therapy. During an initial 10-day period, a patient

may receive the low intensity rehabilitation services needed to gradually help him or her tolerate the required three hours of physical and other therapies per day as determined by the interdisciplinary team. This approach avoids the need to discharge the patient who is unable to tolerate three hours of physical therapy each day and provides flexibility in tailoring these specialized services to the patient's needs. The interdisciplinary approach will continue to help prevent fragmentation of services and promote continuity of care.

Overall, the rules proposed for readoption are designed to maintain the quality of services for patient care and the quality of the staff's performance in delivery of those services. Quality improvement activities are required to evaluate each patient's needs, expectations and satisfaction, and to develop a patient care outcome system which is based on industry-accepted indicators. Facility-wide functions such as staffing, infection control, housekeeping and maintenance are being maintained to reflect current practitioner requirements, public health practices and building codes.

Economic Impact

The rules proposed for readoption are expected to have a positive impact on the rehabilitation hospital community and patients in need of their services. N.J.A.C. 8:43H-12.1(b), for example, which allows a rehabilitation hospital 10 days within which to begin providing at least three hours of services per day to each patient from the day of admission, has the potential of saving health care dollars through lower acute care lengths of stay while also providing greater flexibility in addressing the clinical needs of each patient. The rules proposed for readoption will therefore serve to continue to assist acute care facilities in discharging patients to comprehensive rehabilitation hospitals more expeditiously, and will prevent the unnecessary and costly transfer of patients to an intermediary environment.

The rules proposed for readoption at N.J.A.C. 8:43H will continue to allow facilities flexibility in management practices, such as developing policies and procedures best suited to their individual circumstances and determining staffing qualifications to meet patient care needs and rehabilitation goals. These rules will continue to provide the latitude needed for facilities to conserve resources by allowing them to determine the most efficient manner to utilize services and personnel. Use of an interdisciplinary team approach fosters the cost-efficient utilization of the

facility's resources so that an interdisciplinary plan can be developed with specific rehabilitation goals and timeframes.

Discharge planning is another requirement of the rules which helps to control costs. Effective discharge planning will continue to be initiated within 24 hours of the patient's admission, with the participation of the interdisciplinary team, the patient, and the family. Effective discharge planning will help to prevent improper post-discharge placements and facilitate the patient's transition to a setting commensurate with the level of care needed, and in which the individual can reach his or her potential. Well-planned post-discharge care is effective in avoiding potential costs associated with inappropriate placements, service gaps, or interruption of services.

The rules proposed for readoption will place no additional economic burden on the regulated community. Instead, they will maintain the existing treatment environment, thereby improving a patient's abilities to function at maximum capacity and avoid long-term institutionalization.

Federal Standards Analysis

The rules proposed for readoption are similar to the Medicare Certification Standards, established pursuant to 42 CFR Part 482 Subpart B, with which rehabilitation hospitals must comply in order to be Medicare-certified. The rules being proposed for readoption exceed the Federal Medicare certification standards in the following areas: employee health requirements, especially for direct patient care; policies and procedures regarding patient rights; and the establishment of an infection prevention and control program. The rules proposed for readoption are being proposed in order to maintain consistency with companion licensure rules for similar institutions in New Jersey. The Department believes it appropriate to exceed the Federal standards because the health and welfare of rehabilitation hospital patients is no less important than the health and welfare of patients in other State-licensed health care facilities or services. The costs of compliance are not significant, in that they require health screening tests, such as TB tests, and implementation of patient rights requirements within the context of the provision of services generally. The infection prevention and control program required is needed since rehabilitation hospital patients are susceptible to communicable disease because of the increase in treatment-resistant diseases. The cost of prevention is minimal, and is far less than the cost of treatment.

Jobs Impact

The Department does not expect that any jobs will be generated or lost in the State of New Jersey as a result of the rules proposed for readoption.

Agriculture Industry Impact

The rules proposed for readoption will have no impact on the agriculture industry of the State of New Jersey.

Regulatory Flexibility Statement

The rules proposed for readoption impose requirements only on comprehensive rehabilitation hospitals licensed in New Jersey, which are not considered to be "small businesses" within the meaning of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq., as each employs more than 100 people full-time. Therefore, the rules proposed for readoption impose no requirements on small businesses, and no regulatory flexibility analysis is necessary.

Smart Growth Impact

The rules proposed for readoption shall not have an impact on the achievement of smart growth and the implementation of the State Development and Redevelopment Plan.

Full text of the proposed readoption may be found in the New Jersey Administrative Code at N.J.A.C. 8:43H.